

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ME SAW		05-03-01
O.I.P.E. CLASSIFIER		48	8/10/01
FORMALITY REVIEW	MTD	954	10/4/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓		
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23	✓		
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49	✓		
50	✓		

Claim	Final	Original	Date
51	✓		
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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530  
10-05-01